

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-876

Application or Booklet Number

10-820.315

APPLICATION AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

		(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA	
BASIC FEE (37 CFR 1.18(a), (b), or (c))			
SEARCH FEE (37 CFR 1.18(k), (l), or (m))			
EXAMINATION FEE (37 CFR 1.18(o), (p), or (q))			
TOTAL CLAIMS (37 CFR 1.18(l))	minus 20 =	*	
INDEPENDENT CLAIMS (37 CFR 1.18(h))	minus 3 =	*	
APPLICATION SIZE FEE (37 CFR 1.16(u))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))			

RATE (\$)		FEE (\$)
X	=	
X	=	
TOTAL		

RATE (\$)	FEE (\$)
X	
X	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

APPLICATION AS AMENDED - PART II

1.17.06

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

Of

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(e))	*	10	Minus	** 20	= -
	Independent (37 CFR 1.16(h))	*	3	Minus	*** 3	= -
Application Size Fee (37 CFR 1.16(s))						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(j))						

RATE (\$)	ADDITIONAL FEE (\$)
1. =	
2. =	
TOTAL ADDITIONAL FEE	

SMALL ENTITY		
	RATE (%)	ADDITIONAL FEE (\$)
CR	✓ =	
CR	✓ =	
CR		
CR	TOTAL	
	ADDITIONAL FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESEN- TATION	
Total: (3? CFR 1 16(a))	*	100000	**	:	
Independent (3? CFR 1 16(b))	*	100000	***	:	
Application Size Fee (3? CFR 1 16(d))					
FIRST PRESENTATION OF MULTIPLE INDEPENDENT CLAIMS					

DATE (S)	ADDITIONAL FEE (S)
1 2	
1 2	
TOTAL ADDITIONAL FEE	

	RATE (\$)	ADDITIONAL FEE (\$)
OP	1	
OP	1	
OP		
OP		
	TOTAL	ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write 16 in column 2.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter:

* If the Highest Number Previously Paid For IN THIS SPACE is less than 2, enter 1.
The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 2.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate four columns:

[illegible]

If you need assistance in completing the form, call 1-800-368-5868.